

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3935ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2010
NAME OF PROVIDER OR SUPPLIER ELITE ENDOSCOPY			STREET ADDRESS, CITY, STATE, ZIP CODE 7150 SMOKE RANCH ROAD, SUITE 150 LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 3/5/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	A 00	<p><i>Accepted 3/18/10 Cupolegrew, DC</i></p>		
A112 SS=F	<p>NAC 449.9855 PERSONNEL</p> <p>2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 5 of 5 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB). (Employees #1, #2, #3, #4 and #5).</p> <p>1. The files for Employees #2 and #5 did not contain a second-step TB skin test.</p> <p>2. The files for Employees #2 and #3 did not meet the annual one-step TB skin test requirements in accordance with NAC441.A.375.</p> <p>3. The files for Employee #1 did not contain the</p>	A112			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

2JPQ11

TITLE

*MSD/CN
DIRECTOR*

(X6) DATE

3/15/10

If continuation sheet 1 of 2

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LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

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A112	Continued From page 1 results of a positive skin test or a statment froma physician that the employee had tested positive for TB and did not have a two step TB test on file. Severity: 2 Scope: 3	A112		

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Plan of Correction

TAG—A112 SS=F:

NAC 449.9855 PERSONNEL:

1. How the corrective action will be accomplished: Elite Endoscopy and its administrators will retest employees before the 12 month of last PPD performed. Employees with lapsed PPD's will receive a second PPD in accordance with NAC 441A.375. Employees #1, #2, #4, #5 have received second –step on 03/10/2010. Reading will be performed on 03/12/2010. Employee #3 answered TB screening questionnaire and did not report any of the following: unexplained weight loss, night sweats, chronic cough, blood streaked sputum, fever lasting several weeks, unusual tiredness or weakness, pain in chest with inspiration, exposure to person(s) with TB or diagnosis for diabetes, silicosis of illness/treatment resulting in immunocompromised state.

2. How will the facility identify others having the potential to be affected by the same practice: Elite Endoscopy will have an audit monthly of employee files to check for expired or near expired PPD.

3. Measures to ensure deficiency will not occur: Elite Endoscopy will have a “PPD party” in January of each year, correlated with staff meeting, and provide PPD's on that day to ensure compliance.

4. How the facility will monitor corrective actions to ensure deficient practice is being corrected and will not reoccur: Oversight by Director of Nursing and Medical Director.

5. Individual responsible for monitoring compliance: Director of Nursing and Administrator

Please attached PPD testing for verification. Attachment 1

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